

TOPEKA HOUSING AUTHORITY

2010 SE California Avenue Topeka, KS 66607 (785) 357-8842, Fax (785) 357-2648

APPLICATION FOR EMPLOYMENT

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application. <u>PLEASE PRINT!</u>

GENERAL INFORMATION

POSITION APPLIED FOI	રઃ					
	(If you a	are interested in mo	re than one position, p	lease complete an ap	plication for	each)
Date:	Hom	e Telephone:				
Name:	First	Middle	Work	Telephone:		
Other Name(s) Used:						
Address:		City	State		7:-	
Street		City	State		Zip	
Driver's License Number:		(Class:	State:		
Please list an additional teleph	one number whe	ere we can leave	e a message:			
Name:	Rela	tionship:	Tele	ephone Number:		
What type of work are you will	ng to accept?	☐ Full Time	☐ Part-Time	☐ Seasonal c	r Tempor	ary
When would you be able to sta	art work, if hired?					
What is the minimum hourly sa	alary you would a	accept?				
Do you have a family member	who is a current	employee of Th	HA? ☐ Yes	☐ No		
If so, please list:						
Have you been arrested for ar	d/or convicted of	f a felony and/oi	non-traffic related	d misdemean	Y□	No
If yes, provide details:						
Has your driver's license ever	been suspended	and/or revoked	? Yes	No		
If yes, provide details:						

Please note, arrests/convictions, having your driver's license revoked and/or suspended may not disqualify you from employment. Individual circumstances will be considered relative to the position sought.

EMPLOYMENT EXPERIENCE

Current or Most Recent Employ	yer:			
Address:		_ Employment Dates (Month &	Year): From:	
City, State, Zip:		Phone:	To:	
Position:	Supervisor:			
Duties:				
Final Wage/Salary:	Per	Reason for Leaving:		
Previous Employer:				
Address:		Employment Dates (Month & Year): From:		
City, State, Zip:		Phone: To:		
Position:		Supervisor:		
Duties:				
Final Wage/Salary:	Per	Reason for Leaving:		
Previous Employer:				
Address:	Employment Dates (Month & Year): From:		Year): From:	
City, State, Zip:		Phone: To:		
Position:		Supervisor:		
Duties:				
Final Wage/Salary:	Per	Reason for Leaving:		
Previous Employer:				
Address:		Employment Dates (Month & Year): From:		
City, State, Zip:		Phone: To:		
Position:		Supervisor:		
Duties:				
Final Wage/Salary:	Per	Reason for Leaving:		

EDUCATION/TRAINING/SKILLS

Please provide information about	out your education, training, and skills.	Use the back of this page	e if necessary.
Elementary/Junior High, High (Circle the last one attended	School or place of GED certification _)	City/State	Last Grade Completed
Special Training, Technical Sc	hools, or Armed Forces Training:		Completed
School	Course Name/Licenses	Dates Attended (How long was training?)	
College/University:			
Name	Dates Attended	Major Area of Study	Degree or Hours
Please describe the computer	software you are familiar with and indi	cate your skill level:	
skills or qualifications; include	vities or experience (voluntary work, hodates, places, number of hours, etc., the work experience, it is important for you	nat relate to the position fo	r which you are
List any rewards honors reco	gnitions, etc. that relate to your qualific	eations for the position for	which you are
applying.	gilliono, oto: tilat rolato to your qualific		
Other relevant information:			

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CERTIFICATION OF ACCURACY AND COMPLETENESS

PLEASE READ CAREFULLY AND SIGN:

The facts set forth in my application are true and complete to the best of my knowledge. I understand that the Topeka Housing Authority may verify any information provided by me in the employment process, and that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I further understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. .

May we contact your current employer?	Yes	No
May we contact your previous employers?	Yes	No
Are there any previous employers you do not war	nt us to contact?	
Signature		
Date		